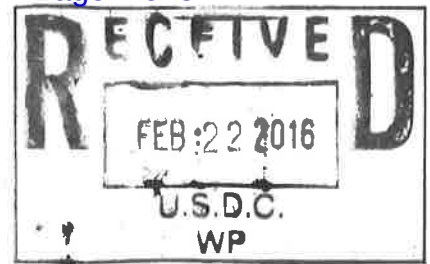


UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORKShawn Gaillard

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

Danny Smith & Sgt Lopez**COMPLAINT**under the
Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)Jury Trial: ☒ Yes ☐ No
(check one)

16CV1406

RECEIVED
SDNY PRO SE OFFICE
2016 FEB 23 PM 1:38

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name ~~Shawn Gaillard~~ Shawn Gaillard
 ID # 204236
 Current Institution Vahalla County Jail
 Address Po box 10 Vahalla N.Y. 10595

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name ~~Danny Smith~~ Danny Smith Shield # not provided
 Where Currently Employed Westchester County Jail
 Address Po box 10 Vahalla N.Y. 10595

Defendant No. 2 Name ~~XXXX~~ Sgt Lopez Shield # not provided
 Where Currently Employed ~~XXXXXX~~ Westchester county Jail
 Address Po box 10, vanalla n.y. 10595

Defendant No. 3 Name N/A Shield # _____
 Where Currently Employed _____
 Address _____

Defendant No. 4 Name N/A Shield # _____
 Where Currently Employed _____
 Address _____

Defendant No. 5 Name N/A Shield # _____
 Where Currently Employed _____
 Address _____

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur?

In Westchester county Jail

B. Where in the institution did the events giving rise to your claim(s) occur?

Shy, special housing unit

C. What date and approximate time did the events giving rise to your claim(s) occur?

December 3, 2014

D. Facts:

What happened to you?

During a shift Assist Officer Donny Smith. Attacked me with a closed fist. Hitting me numerous of times, causing severe pain, & swelling. Sgt Lopez cheered him on.

Who did what?

Officer Donny Smith

Was anyone else involved?

No one else was involve

Who else saw what happened?

Sgt Lopez

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

Fractured thumb & pinky

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☒ No ☐

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

Westchester county Jail

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ☒ No ☐ Do Not Know ☐

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ☒ No ☐ Do Not Know ☐

If YES, which claim(s)? When the officer attacked me

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ☒ No ☐

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ☐ No ☐

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

Shirley Special housing unit

1. Which claim(s) in this complaint did you grieve? How officer Donny Smith Assaulted me.

2. What was the result, if any? The grievance constructor threw the grievant out.

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. I appeal it to the grievance committee. After I did that, Sgt Lopez said they lost my Grievance

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: _____

2. If you did not file a grievance but informed any officials of your claim, state who you informed, _____

when and how, and their response, if any: _____

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. _____

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount).

I want to sue the department, officer Donny for \$100,000,000

VI. Previous lawsuits:

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes _____ No ☒

On
these
claims

- B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes ____ No ____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

On
other
claims

- C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes ____ No

- D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes ____ No ____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 4 day of February, 20 16

Signature of Plaintiff

Inmate Number

Institution Address

Shawn J. Mc
204236
PO BOX 10 Vahalla
N.Y. 10595

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 4 day of February, 20 16 I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

[Signature]

Abstract

02 1P \$ 007.43
0004497056 FEB 19 20
MAILED FROM ZIP CODE 105

RECEIVED
FEB 22 2016
U.S.D.C.
WP

2016 FEB 23 PM 1:38

